756986

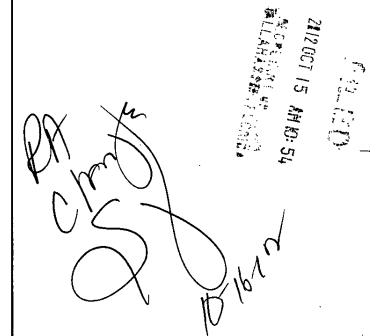
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Villas of Beacon Groves
Name of Corporation

DOCUMENT NUMBER: 756986

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Walter R Sieg, Jr.

Name of Contact Person

Bay Management Inc

Firm/Company

2445 Tampa Road-Suite B

Address

Palm Harbor, FL 34683

City/State and Zip Code

walt@bay007.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Walter R Sieg, Jr.

,727 733

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut nge is submitted for a corporation organized under the laws of the State of Florid r to change its registered office or registered agent, or both, in the State of Florid	<u>a</u>
 The name of t The principal 	he corporation: Villas of Beacon Grove Humedianon Cosid office address: 2445 Tampa Road - Suite B - Palm Harbor, FL 3	frc- 34683
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 03/30/1981 Document number: 756986	
5. The name and	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	?
	QUALIFIED PROPERTY MANAGEMENT, INC	
	5901 US HWY 19, SUITE 7Q	2112
	NEW PORT RICHEY FL 34652 US	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
	Bay Management Inc	ි. ව
	2445 Tampa Road, Suite B	* .t.
	P.O. Box NOT acceptable	
	Palm Harbor, FL 34683 us	
The street addr	ess of its registered office and the street address of the business office of its regilable identical.	stered agent,
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an office he board, or the corporation has been notified in writing of the change.	er so
Bally	Berbare K. Bodie Tree Tree of an officer of director Printed or typed name and title	Super
I hereby accept I further agree performance of	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as r his document is being filed merely to reflect a change in the registered office add that the corporation has been notified in writing of this change.	egistered fress, I
Wallag	Police 10/11/12 gnature of Registered Agent Date	
If signing on be	ehalf of an entity:	
Bay M	anagement luc Typed or Printed Name	

* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (03/12)